

jc530 U.S. PTO  
09/478370  
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jc685 U.S. PTO  
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Examiner:

[illegible]

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\* If the entry in (D) is less than the entry in (C), write "0" in column 3.  
 \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, write :20" in this space.  
 \*\*\* After any cancellation of claims.  
 \*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

If there are any fees due under 37 C.F.R. §§ 1.16 or 1.17 which are not enclosed herewith, including any fees required for an extension of time under 37 C.F.R. § 1.136, please charge such fees to our Deposit Account No. 06-0916.

Respectfully submitted,

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FORM 401

NOTICE OF FILING OF REISSUE APPLICATION FOR  
PUBLICATION IN OFFICIAL GAZETTE

ORIGINAL PATENT  
NUMBER

5,792,261

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01-06-00

CLASS AND SUBCLASS

118/723

TITLE

PLASMA PROCESS APPARATUS

INVENTOR

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EXAMINING GROUP  
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DATE OF  
ANNOUNCEMENT IN  
OFFICIAL GAZETTE

EN